ClaimsXten™ to Add Correct Coding Initiative Rule

Beginning on or after March 23, 2015, BCBSMT will enhance the ClaimsXten code auditing tool by adding the Centers for Medicare & Medicaid Services' (CMS) Correct Coding Initiative Rule into our claims processing system. The purpose of this new rule is to identify claims containing code pairs found to be unbundled, according to the CMS National Correct Coding Initiative (NCCI). The CMS NCCI coding policies are based on coding conventions defined in the American Medical Association's (AMA) Current Procedural Terminology (CPT®) manual; national and local Medicare policies and edits; coding guidelines developed by national societies; standard medical and surgical practice and/or current coding practice.

BCBSMT will continue with the modifier 59 exempt program through ClaimsXten. This program is based on the Centers for Medicare & Medicaid Services' (CMS) National Correct Coding Initiative (NCCI).

NCCI guidelines state, "Each NCCI edit has an assigned modifier indicator. A modifier indicator of '0' indicates that NCCI associated modifiers cannot be used to bypass the edit." BCBSMT will continue to use ClaimsXten as the code pair default. NCCI edits (either Incidental or Mutually Exclusive) that are currently not part of the ClaimsXten database will NOT be added.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection™ (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSMT's code-auditing software.

For details on gaining access to C3 and additional announcements regarding ClaimsXten, refer to the Provider ClaimsXten section of our website at: https://www.bcbsmt.com/Pages/ClaimsXten.aspx or the Provider Education/Claims section at https://www.bcbsmt.com/Pages/proveducation.aspx. Information also may be published in upcoming issues of the *Capsule News.*